



CITY OF DUBLIN

Land Use and
Long Range Planning
5800 Shier-Rings Road
Dublin, Ohio 43016-1236

Phone/ TDD: 614-410-4600
Fax: 614-410-4747
Web Site: www.dublin.oh.us

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

I. PLEASE CHECK THE TYPE OF APPLICATION:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Informal Review | <input type="checkbox"/> Final Plat
(Section 152.085) |
| <input type="checkbox"/> Concept Plan
(Section 153.056(A)(1)) | <input type="checkbox"/> Conditional Use
(Section 153.236) |
| <input type="checkbox"/> Preliminary Development Plan / Rezoning
(Section 153.053) | <input type="checkbox"/> Corridor Development District (CDD)
(Section 153.115) |
| <input type="checkbox"/> Final Development Plan
(Section 153.053(E)) | <input type="checkbox"/> Corridor Development District (CDD) Sign
(Section 153.115) |
| <input type="checkbox"/> Amended Final Development Plan
(Section 153.053(E)) | <input type="checkbox"/> Minor Subdivision |
| <input type="checkbox"/> Standard District Rezoning
(Section 153.018) | <input type="checkbox"/> Right-of-Way Encroachment |
| <input type="checkbox"/> Preliminary Plat
(Section 152.015) | <input type="checkbox"/> Other (Please Specify): _____ |

Please utilize the applicable *Supplemental Application Requirements* sheet for additional submittal requirements that will need to accompany this application form.

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): Shier Rings and Cosgray Roads, Dublin, OH 43016	
Tax ID/Parcel Number(s): 274-000660	Parcel Size(s) (Acres): 62.716
Existing Land Use/Development: VACANT UNPLT RESIDENTIAL LAND	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: Multi-family and single-family home community
Total acres affected by application: 62

III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization): SR Associates	
Mailing Address: (Street, City, State, Zip Code) 5510 Ashford Rd. Dublin, OH 43017	
Daytime Telephone: 614-410-6734	Fax: 866-218-6067
Email or Alternate Contact Information: jsolove@solove.com	

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: Brian K. Suiter		Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Kaufman Development		
Mailing Address: 30 Warren St. Columbus, OH 43215 (Street, City, State, Zip Code)		
Daytime Telephone: 614-299-9200	Fax: 614-299-9201	
Email or Alternate Contact Information: brian@kaufmandev.com		

V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable.

Name: Brian Suiter	
Organization (Owner, Developer, Contractor, etc.): Kaufman Development	
Mailing Address: 30 Warren St. Columbus, OH 43215 (Street, City, State, Zip Code)	
Daytime Telephone: 614-299-9200	Fax: 614-299-9201
Email or Alternate Contact Information: Brian@kaufmandev.com	

VI. AUTHORIZATION FOR OWNER'S APPLICANT OR REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

I, <u>S.R. Associates</u> , the owner, hereby authorize	
Brian Suiter to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner: <u>Jerome S. Suiter, Member of Manager</u>	Date: <u>7-15-16</u>

☐ Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document.

Subscribed and sworn before me this 14th day of July, 20 16

State of Ohio

County of Franklin

Notary Public Krista J. Foust



VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives application. The Owner/Applicant, as noted below, hereby authorizes City representatives to visit, photograph property described in this application.

I, Brian Suiter, the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.	
Signature of applicant or authorized representative: <u>BKS</u>	Date: 7/13/2016

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I, <u>Brian Suiter</u> , the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.	
Signature of applicant or authorized representative: <u>[Signature]</u>	Date: 7/13/2016

IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, <u>Brian Suiter</u> , the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of applicant or authorized representative: <u>[Signature]</u>	Date: 7/13/2016

Subscribed and sworn to before me this 13th day of July, 2016

State of OHIO

County of FRANKLIN

Notary Public

[Signature]



Stamp or Seal

Frank Sasso
Notary Public, State of Ohio
My Commission Expires 12-19-17

FOR OFFICE USE ONLY			
Amount Received:	Application No:	P&Z Date(s):	P&Z Action:
Receipt No:	Map Zone:	Date Received:	Received By:
City Council (First Reading):		City Council (Second Reading):	
City Council Action:		Ordinance Number:	
Type of Request:			
N, S, E, W (Circle) Side of:			
N, S, E, W (Circle) Side of Nearest Intersection:			
Distance from Nearest Intersection:			
Existing Zoning District:		Requested Zoning District:	